## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

JUN 1 1 2008

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

mannenance ree normea	uona.						
CURRENT CORRESPOND	ENCE ADDRESS (Note: Use B	lock 1 for any change of address)		Fee(s) Transmittal. The papers. Each additional	is certificate cannot be used al paper, such as an assignm	for domestic mailings of the for any other accompanying ent or formal drawing, must	
32294	7590 03/18	3/2008	have its own certificate of mailing or transmission.				
SQUIRE, SANDERS & DEMPSEY L.L.P. 8000 TOWERS CRESCENT 14TH FLOOR				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
1750NS CORN 06/12/2008 HVUONG2	JER, VA 22182-279 00000069 10774691	00				(Depositor's name)	
01 FC:1504 02 FC:1501	1440.	00 OP				(Signature)	
03 FC:8001 APPLICATION NO.	FILING DATE	00 OP	FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/774,691	10/774,691 02/10/2004		Tuomo Lehtonen	<del></del> I	059244.00009		
TITLE OF INVENTION	: CAPACITIVE ACCEI	LERATION SENSOR					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	OUE PREV. PAID ISSU	E FEE TOTAL FEE(S) DUI	E DATE DUE	
nonprovisional	NO	\$1440	\$300	. \$0	\$1740	06/18/2008	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
CHAPMAN JR, JOHN E		2856	073-514320				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AT PLEASE NOTE: Universely 10 (A) NAME OF ASSIGNATION OF ASSIGNA	ess an assignee is ident n in 37 CFR 3.11. Com GNEE		data will appear on the T a substitute for filing	he patent. If an assign g an assignment. CITY and STATE OR (		document has been filed for	
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  4 Specifically stated and the submitted are submitted:  4 Publication Fee (No small entity discount permitted)  Advance Order - # of Copies 10			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Stat							
• •	SMALL ENTITY state				LL ENTITY status. See 37 C	he assignee or other party in	
interest as shown by the r	ecords of the United Sta	ites Patent and Trademark	Office.		——————————————————————————————————————	——————————————————————————————————————	
Authorized Signature	Otter	Flanagar		Date <b>Ju</b> r	ne_11,_2008		
Typed or printed name	Peter C. Fl	anagan U	······································	Registration N	No. 58,178		
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, V Alexandria, Virginia 223	iality is governed by 35 application form to the ons for reducing this buing in 22313-1450. DC	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR (	on is required to obtain 1.14. This collection is depending upon the in the Chief Information O COMPLETED FORMS	or retain a benefit by to sestimated to take 12 andividual case. Any conficer, U.S. Patent and S TO THIS ADDRESS	the public which is to file (arminutes to complete, includionments on the amount of translated of the Complete of the Complete of the Commissioner of the public of the pu	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.